Subject: Studies in the News: (November 15, 2007)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

Children and Adolescent Mental Health
Cultural Competency
Disparities
Homelessness and Mental Illness

Mental Health Policies
Military and Mental Health
Suicide Prevention
Trauma and PTSD

The following studies are currently on hand:

CHILDREN AND ADOLESCENT MENTAL HEALTH

"Childhood Psychiatric Disorders and Young Adult Crime: A Prospective, Population-Based Study." By William E. Copeland, Duke University, and others. IN: American Journal of Psychiatry, vol. 164, no. 11 (November 2007) pp. 1668-1675.

["While psychopathology is common in criminal populations, knowing more about what kinds of psychiatric disorders precede criminal behavior could be helpful in delineating at-risk children. The authors determined rates of juvenile psychiatric disorders in a sample of young adult offenders and then tested which childhood disorders best predicted young adult criminal status.

A representative sample of 1,420 children ages 9, 11, and 13 at intake were followed annually through age 16 for psychiatric disorders. Criminal offense status in young adulthood (ages 16 to 21) was ascertained through court records. Thirty-one percent of the sample had one or more adult criminal charges. Overall, 51.4% of male young adult offenders and 43.6% of female offenders had a child psychiatric history. The population-attributable risk of criminality from childhood disorders was 20.6% for young adult female participants and 15.3% for male participants. Childhood psychiatric profiles predicted all levels of criminality. Severe/violent offenses were predicted by comorbid diagnostic groups that included both emotional and behavioral disorders.

The authors found that children with specific patterns of psychopathology with and without conduct disorder were at risk of later criminality. Effective identification and treatment of children with such patterns may reduce later crime." **Contact CA State Library for copy of article.**]

"Does a Short-Term Intervention Promote Mental and General Health among Young Adults-An Evaluation of Counselling?" By Regina Winzer, Swedish National Institute of Public Health, and Agneta Bergsten Brucefors, Karolinska Institutet. IN: BMC Public Health, vol. 7 (November 8, 2007) pp. 1-32.

["Since 1988, self-reported mental health problems in Sweden have increased more among young people than in any other age group. Young adults aged 18 - 29 with minor mental health problems were welcomed to four (at most) counselling sessions led by psychotherapists. The present study aimed to evaluate the method's appropriateness and usefulness.

The study population was recruited consecutively during six months (N=74) and consisted of 59 women and 15 men. Fifty-one, 46 women and five men, met the criterion for a personal semi-structured interview three months post intervention. Self-assessed health data were collected on three occasions using the General Health Questionnaire (GHQ-12), Pearlin's Personal Mastery Scale and two items from the Swedish Living Conditions Surveys. Thirteen women and six men were not statistically assessed due to incomplete data, but were interviewed by telephone. Four men refused to be interviewed and became dropouts.

The largest group of the study population had long been troubled by their problem(s): 43 percent for over three years and 28 percent for over one year. Among those personally interviewed, 76 percent reported psychological distress (> 3 GHQ points) before the counselling. After the counselling, GHQ-12 distress decreased by 50 percent while mastery and perceived health status increased significantly. A majority experienced an improved life situation, found out something new about themselves and could make use of the sessions afterwards. Personal participant session contentment was about 70 percent and all counsellees would recommend the intervention to a friend. Those interviewed by telephone were not statistically assessed due to incomplete health data. Their personal contentment was just under 50 percent, though all except one would recommend the counselling to a friend. Their expectations of the intervention were more result-orientated compared to the more process-directed personally-interviewed group.

This evaluation shows a clear improvement in self-rated mental and general health, mastery and control in the group completing the study agreement. The intervention seems to be effective for young adults with minor mental health problems, but due to the skewed gender-distribution it is unclear if the method is appropriate for men. After the proposed internal quality improvements, this short-term counselling could enhance mental and general health among young people."]

Full text at: http://www.biomedcentral.com/content/pdf/1471-2458-7-319.pdf

The Role of School-Based Health Centers under Universal Coverage for Children and Youth in California: Issues and Options. By the California Endowment. (The Endowment, Los Angeles, California) August 2007. 26 p.

["Currently, more than 8 million children across the United States lack health coverage. In 2005, there were 1.1 million uninsured children in California alone. In a wide sweeping proposal aimed at closing the gaps in access to health care for all Californians, Governor Arnold Schwarzenegger is promoting systemic reform through his health care proposal that envisions "…an accessible, efficient, affordable health care system that promotes a healthier California through prevention and wellness and universality of coverage." Additionally, Governor Schwarzenegger announced a plan in August 2006 to expand by 500 the number of school-based health clinics in California elementary schools "to jumpstart…efforts to reform health care delivery." Concurrently, proposals have been coming forth from the legislature further defining universal coverage for all children in the state. The Governor's proposals, coupled with these legislative initiatives,

present an unprecedented challenge to Golden State policymakers to develop an innovative system to deliver health care services to children and youth. Such a system will have to be financially viable, accessible to all, medically efficient, culturally competent, collaborative between public and private sectors, and coordinated and monitored for accountability. It is important to lay a common foundation for this new model of school-based health centers now, so that various constituent groups— from industry to insurers to medical practitioners and educators—may begin to construct their framework of resources and services upon it.

This paper presents issues and options for a new model of health care delivery to all children and youth in California under universal care. In particular, it addresses the role of schools and school-based health centers (SBHCs) and their many public and private partners as they work to secure the physical, mental and emotional health of children and youth. This report is meant to stimulate and focus additional discussion and research, not to present a full-blown model ready for implementation. It is meant to challenge and inform policymakers to clearly think through the goals and role of SBHCs under universal coverage."]

Full text at: http://www.calendow.org/#

Substance Use: Adolescents and Young Adults. By the National Adolescent Health Information Center. 2007 Fact Sheet. (The Center, San Francisco, California) 2007. 6 p.

["After an increase in the early 1990s, adolescent substance use has decreased steadily in recent years. Adolescent males and females have similar rates of substance use. Substance use rates increase between adolescence and young adulthood for all racial/ethnic groups. One in four 12th graders report binge drinking. Substance dependence or abuse is higher for young adult males than female peers."]

Full text at: http://nahic.ucsf.edu//downloads/SubstanceUse2007.pdf

CULTURAL COMPETENCY

A Strategic Plan to Increase the Flow of Minority, Bilingual, and Culturally Competent Professional Social Workers into California's Mental Health System. By James Midgely and Edward Cohen, University of California, Berkeley. (The California Endowment, Los Angeles, California) September 2007. 100 p.

["In July 2005, the School of Social Welfare at the University of California, Berkeley received an award from The California Endowment to develop a strategy to increase the flow of minority, bilingual and culturally competent professional social workers into California's community mental health system. This award funded a number of research initiatives that would allow the formulation of an overall strategy and a set of specific plan recommendations for enhancing the recruitment and retention of minority and

bilingual students enrolled in Master of Social Work (M.S.W.) programs at California's 17 graduate schools of social work.

The research initiatives included: 1.) Undertaking an in-depth literature review to examine the current deployment of professional social workers in the mental health field in California, including the deployment of minority, bilingual and culturally competent social workers. 2.) Undertaking a series of focus group and key informant interviews to provide information about the future need for culturally competent professional social workers and the best ways of recruiting them into social work programs in California. Staff at community colleges, undergraduate programs in social sciences, community-based organizations employing mental health workers and volunteers, and representatives of statewide professional and policy organizations were included in this study. 3.) Undertaking a documentary and web search to identify potential revenue sources that can financially support students in social work programs and facilitate the timely completion of their graduate studies.

This Executive Summary will cover the findings of the focus groups and key informant interviews (summarizing Chapters 2 and 3 respectively), the inventory of financial support alternatives (summarizing Chapter 4), and the action plan recommendations discussed in Chapter 5."]

Full text at:
http://www.calendow.org/uploadedFiles/Publications/By_Topic/Access/Mental_Health/MH%20Strategic%20Plan_Full%20Report_Final.pdf

DISPARITIES

"Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care." By Wally R. Smith, Virginia Commonwealth University, and others. IN: Annals of Internal Medicine, vol. 147, no. 9 (November 6, 2007) pp. 654-664.

["Racial and ethnic minorities often receive lower-quality health care than white patients, even when socioeconomic status, education, access, and other factors are used as controls. To address these pervasive disparities, health care professionals should learn more about them and the roles they can play in eliminating them, but few curricula are focused on understanding and addressing racial and ethnic health disparities, and well-accepted guidelines on what and how to teach in this complex area are lacking. The Society of General Internal Medicine Health Disparities Task Force used a review and consensus process to develop specific recommendations and guidelines for curricula focusing on health disparities. Learning objectives, content, methods for teaching, and useful resources are provided.

Although the guidelines were developed primarily for teaching medical students, residents, and practitioners in primary care, the Task Force's general recommendations can apply to learners in any specialty. The Task Force recommends that a curricula address 3 areas of racial and ethnic health disparities and focus on the following specific

learning objectives: 1) examining and understanding attitudes, such as mistrust, subconscious bias, and stereotyping, which practitioners and patients may bring to clinical encounters; 2) gaining knowledge of the existence and magnitude of health disparities, including the multifactorial causes of health disparities and the many solutions required to diminish or eliminate them; and 3) acquiring the skills to effectively communicate and negotiate across cultures, languages, and literacy levels, including the use of key tools to improve communication. The broad goal of a curriculum on disparities should be for learners to develop a commitment to eliminating inequities in health care quality by understanding and assuming their professional role in addressing this pressing health care crisis."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27357341&site=ehost-live

FIRST EPISODE PSYCHOSIS

"A Multisite Canadian Study of Outcome of First Episode Psychosis Treated in Publicly Funded Early Intervention Services." By Ashok Malla, McGill University, and others. IN: Canadian Journal of Psychiatry, vol. 52, no. 9 (September 2007) pp. 563-571.

["Objective : The aim of this study was to determine 1-year symptomatic outcome and its predictors in patients with FEP treated at 3 different publicly funded sites. Method : We evaluated FEP patients (n = 172) treated in specialized programs in 2 medium-sized centres and 1 large urban centre with an identical protocol for demographic variables, diagnosis, and duration of untreated psychosis (DUP) at entry, and positive, negative, and general psychopathology symptoms at entry, 6 months, and 1 year. We used a mixed model analysis of variance, with time and centre and interaction between time and centre as fixed effects and sex and DUP as covariates, to analyze data.

Results : A significant effect of time and time × centre interaction on positive, negative, and general symptom outcome was shown after controlling for ethnicity, education, and diagnosis. Patients showed significantly better outcome on all dimensions of symptoms in the 2 medium-sized centres, compared with the 1 large urban centre. Sex had a significant effect on negative and general symptoms, while DUP had no effect on any outcome measure. Conclusions : Similarly enriched EI services may produce different outcomes, even within a relatively homogeneous mental health system."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26947383&site=ehost-live

HOMELESSNESS

Vital Mission: Ending Homelessness among Veterans. Research Reports on Homelessness. By Mary Cunningham, Homelessness Research Institute, and others. (National Alliance to End Homelessness, Washington, DC) November, 2007. 32 p.

["Veterans make up a disproportionate share of the homeless, according to a new report from the National Alliance to End Homelessness. The study found that veterans account for 26 percent of the country's homeless, although they make up only 11 percent of the country's population and are, overall, better educated and have higher rates of employment and home-ownership than the general population. Researchers listed a number of reasons for the homelessness, including the fact that physically disabled veterans often face obstacles in obtaining housing. Additionally, about 45 percent of homeless veterans have a mental illness or a problem with substance abuse, with alcohol abuse more common among homeless veterans than homeless non-veterans. Other factors include high housing costs and weak social networks. Suggestions for reducing the number of homeless veterans include a risk-assessment within 30 days of discharge and more government housing programs specifically for veterans."]

Full text at: http://www.naeh.org/content/article/detail/1839

MENTAL HEALTH POLICIES

"Carers of People with Mental Health Problems: Proposals Embodies in Current Public Mental Health Policy in Nine Countries." By Iain K. Crombie, University of Dundee, Scotland, and others. IN: Journal of Public Health, vol. 28, no. 4 (2007) pp. 465-481.

["This study investigates how public mental health policy addresses the role and needs of those who care for people with mental health problems. Public mental health policy recognizes that carers are at increased risk of poor health. Countries want to ensure that mental health services are responsive to the needs of the "carers", that carers participate in the planning and implementation of services and that more information should be made available to carers. Respite care is recommended as a way to improve the health of both carers and service users. Unfortunately, policies only identify possibilities for intervention, and rarely identify specific actions to be taken or clarify who has responsibility for delivering interventions. Further the financial implications of the proposals and the need for additional trained staff are seldom discussed. Current proposals for helping carers are inadequate." **NOTE: Journal is available for loan**.]

MILITARY AND MENTAL HEALTH

Serious Psychological Distress and Substance Abuse Disorder among Veterans. By the Office of Applied Studies, Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. The NSDUH Report. (The Administration, Rockville, Maryland) November 1, 2007. 3p.

["Every year, thousands of troops depart from military service and rejoin their families and civilian communities. Given the demanding environments of the military and traumatizing experiences of combat, many veterans experience psychological distress that can be further complicated by substance use and related disorders. Research indicates that male veterans in the general U.S. population are at an elevated risk of suicide. In addition, among veterans of the wars in Iraq and Afghanistan who received care from the Department of Veterans Affairs between 2001 and 2005, nearly one third were diagnosed with mental health and/or psychosocial problems and one fifth were diagnosed with a substance use disorder (SUD).

The National Survey on Drug Use and Health (NSDUH) includes questions to assess serious psychological distress (SPD) and substance use disorders. SPD is an overall indicator of nonspecific psychological distress. NSDUH measures past year SPD using the K6 distress questions. The K6 questions measure symptoms of psychological distress during the 1 month in the past 12 months when respondents were at their worst emotionally. NSDUH also asks respondents to report on their use of illicit drugs and alcohol, as well as symptoms of substance dependence or abuse during the past year. NSDUH defines dependence on or abuse of alcohol or illicit drugs using criteria specified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV)….NSDUH respondents also are asked about their military veteran status. A veteran is defined as an individual who has served in any of the U.S. Armed Forces but who is not currently serving in the military.

This report examines past year SPD, SUD, and co-occurring SPD and SUD among veterans aged 18 or older by demographic characteristics. For the purpose of this report, individuals with both SPD and SUD in the past year are said to have co-occurring SPD and SUD. All findings presented in this report are based on combined 2004, 2005, and 2006 NSDUH data. According to NSDUH estimates, 25.9 million military veterans were living in the United States during this 3-year period."]

Full text at: http://oas.samhsa.gov/2k7/veteransDual/veteransDual.htm

SUICIDE PREVENTION

"Communication of Suicide Intent by Schizophrenic Subjects: Data from the Queensland Suicide Register." By Diego De Leo and Helen Klieve, Australian Institute for Suicide Research and Prevention. IN: International Journal of Mental Health Systems, vol. 1, no. 6 (October 31, 2007) pp. 1-6.

["Background: Suicide in mentally ill subjects, like schizophrenics, remains unbearably frequent in Australia and elsewhere. Since these patients are known to constitute a high-risk group, suicide in them should be amongst the most preventable ones. The objective of this study is to investigate the frequency of suicide communication in subjects with reported history of schizophrenia who completed suicide.

Method: The Queensland Suicide Register (QSR) was utilised to identify suicide cases. Frequency of suicide communication was examined in subjects with schizophrenia, and compared with persons with other psychiatric conditions and with subjects with no reported diagnosis. Socio-demographic variables, history of suicidal behaviour, pharmacological treatment and mental health service utilisation were also compared among the three groups.

Results and discussion**:** Subjects with a reported diagnosis of schizophrenia comprised 7.2% (n = 135) of the 1,863 suicides included in this study. Subjects with schizophrenia and those with other psychiatric disorders communicated their suicide intent more frequently than those with no psychiatric diagnosis, and persons with schizophrenia communicated their intent more than those with other psychiatric diagnoses. Seventy one per cent of schizophrenia subjects had contact with a mental health professional within the three months prior to suicide.

Conclusions: The fact that subjects with schizophrenia had the highest prevalence of suicide intent communication could offer concrete opportunities for suicide prevention."]

Full text at: http://www.ijmhs.com/content/pdf/1752-4458-1-6.pdf

"Predictors of Suicide Attempters in Substance-Dependent Patients: A Six-Year Prospective Follow-Up." By Kjell Bakken, Innlandet Hospital Trust, Norway, and Per Vaglum, University of Oslo, Norway. IN: BMC Clinical Practice and Epidemiology in Mental Health, vol. 3, no. 20 (October 10, 2007) pp. 1-35.

["This is a six-year prospective follow-up of a former cross sectional study of suicide attempters in a sample of treatment-seeking substance-dependent patients. The aims were to explore the frequency of patients with new suicide attempts (SA) during the six-year observation period, and to explore the predictive value of lifetime Axis I and II disorders, measured at index admission, on SA in the observation period, when age, gender and substance-use variables, measured both at admission and at follow-up, were controlled for.

A consecutive sample of 156 alcohol-dependent and 131 poly-substance-dependent inpatients and outpatients in two Norwegian counties were assessed at index admission (T1) with the Composite International Diagnostic Interview (Axis I disorders), Millon's Clinical Multiaxial Inventory (Axis II disorders) and Hopkins Symptom Checklist-25 (mental distress). At follow-up six years later (T2), 56% (160/287 subjects, 29% women) were assessed using the HSCL-25 and measures of harmful substance use (Alcohol Use Disorders Identification Test and Drug Use Disorders Identification Test).

The prevalence of patients with SA between T1 and T2 was 19% (30/160), with no difference between sexes or between patient type (alcohol-dependent versus poly-substance-dependent). Sober patients also attempted suicide. At the index admission, lifetime eating disorders, agoraphobia with and without panic disorder, and major depression were significantly and independently associated with SA. Prospectively, only

lifetime dysthymia increased the risk of SA during the following six years, whereas lifetime generalized anxiety disorder reduced the risk of SA. Individually, neither the numbers of Axis I and Axis II disorders nor the sum of these disorders were independently related to SA in the observation period. Substance use measured at T1 did not predict SA in the follow-up period, nor did harmful use of substances at follow-up or in the preceding year.

A high prevalence of SA was found six years later, both in patients still abusing substances and in sober patients. To prevent SA, treatment of both affective disorders and substance abuse is important."]

Full text at: http://www.cpementalhealth.com/content/pdf/1745-0179-3-20.pdf

"Psychiatric Assessment of Suicide Attempters in Japan: A Pilot Study at a Critical Emergency Unit in an Urban Area." By Tomoki Yamada, Yokohama City University Medical Center, and others. IN: BMC Psychiatry, vol. 7, no. 64 (November 7, 2007) pp. 1-33.

["The incidence of suicide has increased markedly in Japan since 1998. As psychological autopsy is not generally accepted in Japan, surveys of suicide attempts, an established risk factor of suicide, are highly regarded. We have carried out this study to gain insight into the psychiatric aspects of those attempting suicide in Japan.

Methods: Three hundred and twenty consecutive cases of attempted suicide who were admitted to an urban emergency department were interviewed, with the focus on psychosocial background and DSM-IV diagnosis. Moreover, they were divided into two groups according to the method of attempted suicide in terms of lethality, and the two groups were compared.

Results: Ninety-five percent of patients received a psychiatric diagnosis: 81% of subjects met the criteria for an axis I disorder. The most frequent diagnosis was mood disorder. The mean age was higher and living alone more common in the high-lethality group. Middle-aged men tended to have a higher prevalence of mood disorders.

Conclusion: This is the first large-scale study of cases of attempted suicide since the dramatic increase in suicides began in Japan. The identification and introduction of treatments for psychiatric disorders at emergency departments has been indicated to be important in suicide prevention."]

Full text at: http://www.biomedcentral.com/content/pdf/1471-244x-7-64.pdf

"Working with Suicidal Clients Using the Collaborative Assessment and Management of Suicidality (CAMS)." By David A. Jobes, Catholic University of America, and others. IN: Journal of Mental Health Counseling, vol. 29, no. 4 (October 2007) pp. 283-300.

["The Collaborative Assessment and Management of Suicidality (CAMS) was developed to modify clinician behaviors in how they initially identify, engage, assess, conceptualize, treatment plan, and manage suicidal outpatients. This approach integrates a range of theoretical orientations into a structured clinical format emphasizing the importance of the counselor and client working together to elucidate and understand the 'functional' role of suicidal thoughts and behaviors from the client's perspective. Based on clinical research in various outpatient settings, CAMS provides mental health counselors with a novel clinical approach that is tailored to a suicidal client's idiosyncratic needs thereby insuring the effective clinical assessment, treatment, and tracking of high risk suicidal clients."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27329697&site=ehost-live

TRAUMA AND PTSD

"A Randomized, Controlled Proof-of-Concept Trial of an Internet-Based, Therapist-Assisted Self-Management Treatment for Posttraumatic Stress Disorder." By Brett T. Litz, Boston University School of Medicine, and others. IN: American Journal of Psychiatry, vol. 164, no. 11 (November 2007) pp. 1676-1684.

["The authors report an 8-week randomized, controlled proof-of-concept trial of a new therapist-assisted, Internet-based, self-management cognitive behavior therapy versus Internet-based supportive counseling for posttraumatic stress disorder (PTSD).

Service members with PTSD from the attack on the Pentagon on September 11th or the Iraq War were randomly assigned to self-management cognitive behavior therapy (N=24) or supportive counseling (N=21). The dropout rate was similar to regular cognitive behavior therapy (30%) and unrelated to treatment arm. In the intent-to-treat group, self-management cognitive behavior therapy led to sharper declines in daily log-on ratings of PTSD symptoms and global depression. In the completer group, self-management cognitive behavior therapy led to greater reductions in PTSD, depression, and anxiety scores at 6 months. One-third of those who completed self-management cognitive behavior therapy achieved high-end state functioning at 6 months.

Self-management cognitive behavior therapy may be a way of delivering effective treatment to large numbers with unmet needs and barriers to care." **Contact CA State Library for copy of article.**]

"Access to Community Mental Health Services: A Study of Adult Victims of Trauma." By Lucille Schacht, NASMHPD Research Institute, and others. IN: Best Practice in Mental Health: An International Journal, vol. 3, no. 2 (Summer 2007) pp. 1-8.

["Access to community mental health services for adults with a history of trauma is an important area of concern. This paper examines utilization of community services by more than 4,000 individuals in four states who either had an inpatient diagnosis of post-traumatic stress disorder or experienced an inpatient seclusion/restraint. Although both groups are identified with an inpatient stay, the types of trauma are different in important ways. The analysis relies exclusively on administrative data from inpatient and community programs. Findings indicate that individuals who had been restrained or secluded were substantially more likely to access community services than individuals with an inpatient diagnosis of PTSD. Women were substantially more likely than men to access community mental health services, regardless of the type of trauma. There was little variation among states in access to community services for each type of trauma. This research provides an efficient, nonintrusive model to use existing data resources to evaluate access to care, practice patterns, and treatment outcomes for individuals with a history of trauma."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26057751&site=ehost-live